

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

COURT CASE NUMBER

Michael Young

08C302

08c302

DEFENDANT

TYPE OF PROCESS

L. Williams, et al.

S/C

**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

L. Williams, #5739, Cook County Jail Officer

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**AT**C.C.J., C/O Legal Dept. 2700 S. California Ave., 2nd. FLR. Div.5, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Michael Young, #2007-0004908Cook County JailP.O. Box 089002Chicago, IL 60608Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

6

Check for service  
on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):**FILED**MAY 13 2008 PH  
MAY 13 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02-22-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

1 of 6

District  
of Origin

No. 24

District  
to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

TD

Date

02-22-08

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)

Officer Ronna Farnandis

Address (complete only if different than shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

5/08/08

Time

11:00

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

96.00

Total Mileage Charges  
(including endeavors)

7.76

Forwarding Fee

-

Total Charges

103.76

Advance Deposits

-

Amount owed to U.S. Marshal or

103.76

Amount of Refund

-

REMARKS:

1-0USM

16-miles

2-Hours

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/00)